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THE DUBLIN HOSPITALS:

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THEIR GRANTS AND GOVERNING BODIES.

BY E. D. MAPOTHER, M.D., ETC.

A Paper

Read before THE STATISTICAL AND SOCIAL INQUIRY SOCIETY OF IRELAND,

On 22nd June, 1869,

The RIGHT HON. MOUNTFORT LONGFIELD presiding,

With the Discussions thereon.



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TEN reports having been issued by the Dublin Hospitals' Board since its creation by an act in 1857, and it being probable that larger funds may be shortly available for such charities in this city and in Ireland generally, a discussion upon their circumstances and management seems to me opportune and desirable. Public money to the amount of £19,804 annually is divided among 14 hospitals in Dublin, namely, £16,000 voted by Parliament, £230 from the Treasury, £3,020 from city rates, and £554 from county rates. The income of these hospitals from bequests and subscriptions was estimated at £10,947, or about one-third of the whole, in an able paper read to us by Dr. M'Donnell a few sessions back. Private benevolence is, in most cities, inadequate for the support of hospitals, but in Dublin, where the poor so greatly outnumber the rich, the withdrawal of public funds would lead to the closure of some of these great national institutions, and would reduce the usefulness of all. Parliamentary grants are not voted for the hospitals of Edinburgh or London, but in the former city medical professorships are well endowed, and in London the great hospitals of St. Bartholomew and St. Thomas possess property now worth £80,000 yearly, which before the Reformation belonged to the monasteries. In Dublin, the property of religious establishments was not, after that period, consigned for the benefit of the sick poor. An imperial object is moreover fulfilled by the hospitals of Dublin, for in them are educated more surgeons for the army and navy than in those of England or Scotland. For the above reasons, Royal Commissioners in 1829, 1842, and 1855, and a Committee of the House of Commons after a most exhaustive enquiry in 1854, strongly urged the continuation of these grants. Indeed, they were never disapproved of, except by the Committee on Estimates in 1848, and that after the evidence of a single most unreliable witness. Of late years Government aid has become more necessary, the applications for

admission having greatly increased owing to the facility with which Dublin can be reached from the most distant parts of the country. Such patients should be freely admissible to those hospitals which are supported by the State, while the poor of Dublin should be specially cared for in those not so endowed ; and to them it would be just that the corporation grants should be restricted.

In explaining the circumstances of each of the hospitals, the second point I shall dwell on is the election of medical officers—the most important item in the administration of a place devoted to the cure of the sick and the education of students. The public discussion of this subject has been forced upon us by that great organ of medical opinion, *The Lancet*. In a leader on hospital elections in Dublin, on the 5th inst., it is asserted—“ Merit and ability not only have not a fair chance, but unless backed by the necessary purchase-money have absolutely no chance at all. As a case in point, we should be glad to know how it was that the immediate successor to a teacher of European celebrity attained his position. His warmest admirers could scarcely declare that his election was the result of merit or the recognition of professional ability.”

As such instances are multiple, there was difficulty in understanding which of the cases the writer alluded to, and neither response nor amendment was likely to follow. And the same journal on last Saturday complains—“ The announcement we have lately made that the members of an hospital staff in Ireland are not only colleagues in professional work but also co-partners in a lucrative business in the sale of appointments to the vacancies in their own body, while it has taken the profession in England by surprise, has fallen upon our Irish brethren with the tameness of a thrice-told tale.”

I most earnestly wish that the task of exposing these abuses had devolved upon others—the officers of those hospitals in which pure motives hold sway, for instance ; but as the question concerns the health, the limbs, and the lives of the poor, I, as medical officer of the city, cannot shrink from such a duty. The members of this Society, I know, will acquit me of any desire to censure the proceedings of my professional brethren. Many of the details I shall have to mention are necessarily dry, but their importance must be my excuse, and the lively discussion which will ensue will make amends. The special hospitals I will barely allude to.

Of the Hospital for Incurables, the oldest and best of its kind in these kingdoms, I could only speak in terms of praise. Its funds are £250 from Parliament, £43 from the Treasury, £375, from the Corporation (a sum which I think should be doubled), and £2,847 from subscriptions and property. If patients not wholly destitute were allowed to contribute to their support the benefits of this admirable charity might be greatly extended. The daily average of occupied beds throughout 1867 was 182, at a cost of £20 each. The committee elects the medical officers.

The Lock must needs be a separate institution, dependent on state aid, and receives therefore £2,500 yearly from Parliament. The daily average of beds is 73, at a cost of £36 each. The medical officers are appointed by the governors, of whom there are twenty,

three being a quorum—a number too small for the prevention of pecuniary arrangements, such as that by which a surgeon was lately elected at the same meeting at which the vacancy was declared. Its founder, Lord Westmoreland, ordained that the physicians should be elected by the President and Censors of the College of Physicians, and the Surgeons by the President and Censors of the College of Surgeons, a plan very trustworthy.

St. Mark's Eye and Ear Hospital receives £100 from Government, £100 from the Corporation, about £350 from pay patients, and £225 from subscriptions. It is in every way deserving of support; for while in every hospital students should have means of studying diseases of the eye and ear, a metropolitan institution for their treatment alone, is a necessity.

The Cork-street Fever Hospital receives £2,500 from the Parliamentary grant, and in 1867 had an income from other sources of £1,382. During that year there was a daily average of occupied beds of 92. It is a most admirably managed institution but the distribution of fever cases among the general hospitals seems desirable on three grounds—firstly, the cure of the sick; situated at the extreme western end of the city, patients from the eastern end must suffer during so long a journey. Secondly, the safety of the healthy, for as many of the poor refuse to go there, dreading an hospital where catching diseases are concentrated, the spread of infection is encouraged. Thirdly, medical education—pupils can never attend this hospital or the similar ones in London, and some other capitals, as their time is fully occupied in general hospitals, and, therefore, one of the conditions upon which State aid is granted is not fulfilled. Dublin citizens having subscribed £9,000 towards its erection, the building should be devoted to some purpose which would lower their taxation. As it is adjacent to the South Workhouse it might be used as an auxiliary building, and in times of pestilence, which I confidently trust are far distant, might be converted into a temporary hospital. Separate fever buildings should be erected on the grounds of all hospitals which do not at present possess them, for the admission of infectious diseases into general wards is most dangerous, as the following instance shows:—During 1867 thirteen of the attendants of a London hospital, in which fever cases are admitted into the general wards, caught the contagion. If infectious cases were admissible to all hospitals, the Corporation, to check the spread of the disease, would provide vehicles for the conveyance of the patients and for the carriage of their clothing and bedding to the disinfecting chamber. Owing to want of co-operation of hospital authorities this apparatus has been little used.

The Coombe Lying-in Hospital, in 1867, received £200 from Government, £780 from the Corporation, £687 from subscribers. A new charter creates a board of twenty-one who are to elect their successors and the medical officers on the recommendation of the existing staff, the assistants to be preferred for the office of master.

The Rotundo is supported by a grant of £700, and private funds averaging £1,500. The election of master from those who have been assistants secures the appointment of a highly qualified man.

When the Right Hon. the Recorder exposed the system of making governors so as to secure their votes, it was defended on the plea that charity was the gainer. But in several other hospitals in which places are sold, none of the price goes to their funds.

The general hospitals in our city are ten, but the Adelaide and Sir P. Dun's being wholly sustained by private funds cannot be discussed ; but I may say that the governing board of the latter is most admirably chosen, namely, the visitors, president, and censors of the College of Physicians, the Provost of Trinity College, and twelve others elected by the existing board for life, as vacancies occur. Moreover, many of the medical professors of the University are *ex officio* medical attendants of the hospital, and hence are pre-eminently qualified.

St. Vincent's Hospital, with the exception of £300 yearly from the Corporation, depends on subscriptions. It is wholly managed by Sisters of Charity, who select medical officers with the advice of the existing staff.

To the Mater Misericordiæ, the hospital of the Sisters of Mercy, the same remarks apply, and in neither has any money been ever expended to procure resignation or election.

The City of Dublin Hospital was founded in 1832 by professors of the College of Surgeons, who proposed to make it their clinical school. The Corporation grants £300 yearly, and subscriptions to about three times that amount are collected. Governors elected from subscribers manage the funds with remarkable economy ; but the medical officers elect to vacancies, large sums being usually paid to the retiring officer. As the physicians and surgeons have been always chosen from the teachers of the College of Surgeons there is a guarantee of their competency.

Jervis-street Infirmary dates from 1726, and, being in the midst of a district fertile in accidents, has done immense service. Its income is £44 from the Treasury, under the Infirmary Act of 1765, £200 yearly from the Corporation, and about £700 from funded property and subscriptions. Sisters of Mercy reside in the house, but a committee of 15, elected from governors who pay £21, or £5 yearly, manage the hospital. The governors, according to charter of Oct. 13, 1820, elect when a vacancy for physician or surgeon occurs, but usually follow the recommendation of the medical board, and the candidate must qualify by the payment of £500, £300 of which goes to the retiring officer, and £200 to the hospital, which gets the entire sum in case of a death vacancy. This is the least objectionable form of the purchase system ; but most eligible candidates whose means did not allow of this investment might be excluded, although pupils' fees give a fair interest.

Mercer's Hospital, established in 1734, was incorporated by 23 George II., c. 18. Its only funds from public sources are £44 from the Treasury, and £300 from the city, for which it makes a most ample return in treating great numbers of those who suffer accidents. A self-elective board manage the affairs, but as the Act of 1749 declares "The physicians and surgeons, two-thirds of them at least consenting, so long as they should continue to attend the said hos-

pital without fee or reward, shall have power and authority, and are hereby authorised to increase their number as they shall see fit," the medical officers conceive that they are thus empowered to elect to vacancies on their staff. Whether the acceptance of pupils' fees, or the grant of a yearly sum under the Infirmary Act subsequently passed, by rendering this a county infirmary, of which governors would be the electors, removes this power from the medical officers, is an intricate legal question. Be that as it may, a vacant physicancy or surgeoncy is at present sold, not for a fixed sum, but for as much as can be got from the bidder, whose money is then divided between the retiring officer and those who remain to be the electors. £1,200 is now about the price current, but as the class is very large, ten per cent may be counted on. Leaders and letters in the *Saunders* during April, 1868, made two statements, which being unrefuted, deserve some credence—first, that at an election then held the outgoing surgeon, to form the necessary two-thirds of the staff, retained his office till he had voted for the candidate with whom he had made the bargain, and that thus the resignation followed the election. Second, that a vacancy having been caused by death, a large sum was paid by the successor and was divided amongst the medical officers, that is the electors—the relatives of the deceased or the hospital, which was sadly in want of funds, not receiving anything. How strongly in contrast is the fact stated by Earl Russell—that during the eighteen years University College Hospital had existed, the medical officers had handed over the pupils' fees, amounting to £53,000, to the charity.

In Sir P. Dun's Hospital two-thirds of the fees recompense the officers, one-third goes to help the hospital. It may be urged that the medical men of Mercer's have a vested interest in the hospital, the theatre having been built many years ago by their predecessors, and that having increased the class by their work the value of their stock is raised. But it should not be forgotten that the legitimate profits from an hospital are professional eminence, public respect, and the gladdening conviction of having served the poor and friendless.

Stevens' Hospital dates from 1710, when it was endowed by Dr. Stevens and his surviving sister. Its annual grant from Government is £1,300, and its other funds £3,235 yearly, including £1,64 paid for constabulary patients. The daily average of occupied beds in 1867 was 154, at a cost of £34 each bed. Its governors are 22, ten *ex officio* and twelve elected by the board from persons not necessarily subscribers. Nepotism has somewhat controlled the governors in the choice of officers, but no relative of a former physician or surgeon has been elected until he had acquired good standing, and the purchase system is unknown. The *ex officio* governors are high clerical and legal functionaries, whose places the testator believed would be always filled by members of the Established Church, and owing to this constitution, medical men of another creed have not been elected. This peculiarity is becoming gradually effaced, and meanwhile there has not been the slightest religious exclusiveness towards the patients.

The House of Industry Hospitals, Richmond, Whitworth, and Hardwicke, are wholly supported by the Parliamentary grant of £7,472, which in 1867 supported a daily average of 217 beds. It is of the first importance that there should be at least one hospital supported by the Government, to which any subject of the realm, however friendless, shall have a right to enter, if his disease be curable. The governors are twelve gentlemen appointed under the act of 1857 by the Lord Lieutenant, and they elect all officers. Nepotism has never prevailed, and those elected have been always of the very highest order. The last appointment is questionable, inasmuch as a very large sum was paid by the gentleman elected to the retiring officer. The hospital obtained, however, the services of a surgeon of undoubted ability, as is proven by his publications since his election, for they exceed in amount and value those of any other Dublin surgeon within the same period. The surgeons of the Richmond Hospital have sunk about £3,000 in its splendid museum, and it is therefore just that the incoming officer should pay a fair sum for the use of this educational appliance.

The Meath Hospital, founded in 1756, by medical men, upon their petition for public money, was constituted the County Dublin Infirmary in 1774. It receives £300 from the Corporation, £600 from the Parliamentary Grant, £91 from the Treasury, and £553 from the county rates. Its income from donations and subscriptions approaches an equal sum. The average number of beds occupied throughout 1867 was 86, at a cost of £35 each. There are 21 governors elected annually from the subscribers, and the management of the funds, attention to the wants of the patients, and scrupulous respect for their religious belief are deserving of the highest praise. The mode of electing medical officers is open to the most grave objections. The first clause of the 13th and 14th George III., c. 43, constitutes the Meath Hospital the County Dublin Infirmary. The second clause is as follows:—

“II. Provided always, that the annual sum or salary of one hundred pounds, usually granted to the physician and surgeons, be paid and appropriated to the maintenance and general fund for necessities in said hospital, and that in all other respects said hospital shall be subject to the like rules and regulations as the other county hospitals in said act mentioned, save only that the present physicians and chirurgeons of said Meath Hospital shall be appointed the physicians and chirurgeons of said intended infirmary for the county of Dublin; and that it may be lawful for said physicians and chirurgeons, or a majority of them, to elect a physican or chirurgeon in the room of any physician or chirurgeon who from time to time, by death, removal, or otherwise, shall make a vacancy in said hospital, in consideration of their having served said hospital gratis these seventeen years past, and their having had a principle share in the support thereof during that period, and in erecting said building, as well as the relinquishing in behalf of themselves and their successors in said hospital all claim or title to the annual salary of one hundred pounds, which they otherwise would be entitled to in con-

sequence of said act ; anything heretofore or in said act mentioned to the contrary notwithstanding."

This clause is thus described in the index—"The present physicians and surgeons continued with power to elect and fill up their own vacancies." As Mr. South, one of the Royal Commissioners of 1855, stated that "it may be questionable whether the framers of the act intended to give the medical officers in perpetuity such complete control over the establishment," or to reward the then existing officers for seventeen years gratuitous services, and great generosity, the following case was submitted to the Solicitor-General :—

"1. Does the Irish statute 13 and 14, Geo. III., c. 43, sent herewith, empower the present physicians and surgeons of the Meath Hospital, none of whom were in office when the act passed, to elect their successors?"

"2 Are the two physicians and six surgeons who at present attend the Meath Hospital duly elected, none of the physicians or surgeons in office when the above-named act passed having voted for them, they not having been elected by the governors according to 5 George III. c. 20, section 7, only two of them having served for 17 years, or having had any interest in the £100 a-year which was removed by act in 1851, prior to the appointment of the remaining six officers?"

The opinion is as follows :—

"I infer that since the passing of the 13th and 14th George III., c. 43, the power of electing to supply vacancies has been exercised without controversy or challenge by not only the *original* physicians and surgeons, but by those whom they from time to time elected to supply vacancies, and that this power has continued to be exercised after all the original physicians and surgeons had died. There is certainly great difficulty in holding such to be the strict construction of the second section, but on the whole I think that view of the statute would be upheld by the court, and that there would certainly be a struggle to do so, unless, indeed, some very great abuse arising from the present system could be established."

The electoral power of the medical officers is therefore at least doubtful, and if an officer were appointed at the next vacancy by the governors in the prescribed way, it could be readily tried before the Queen's Bench. I have no hope that so close a corporation will reform itself. The mode of election in the Meath was condemned by the Royal Commissioners in 1842, but they, however, believed that no abuse had arisen, a conclusion very probable, when the only medical witness examined was a gentleman whose family had enjoyed three hereditary surgeoncies. It was unanimously condemned by the committee of 1854, of which Lord Mayo was chairman, and by the Royal Commissioners of 1855. There is too great a temptation offered for the exclusion of those who may become successful rivals, although it should be regarded as a sacred trust for the selection of the best surgeon for the patients and best teacher for the pupils. The giving up of the £100 a-year, Irish currency, or £11 each, by the medical officers in 1774 was a generous act, notwithstanding the

facts that it was offered as an inducement to the Irish Parliament to support, out of public funds, the hospital they had set up, and that the benevolent physicians who founded Jervis-street, the Lock, Lying-in, Steevens', and Dun's hospitals did not bargain for the lucrative privilege of electing their successors. The generosity of the present staff, however, is not apparent, for as the Medical Charities Act deprived all appointed after 1851 of the claim to this salary, six of them, since then elected, never had an opportunity of giving up their shares ; and by the Infirmary Act, at any time the governors could appropriate the sum to the support of the hospital.

In the Meath Hospital I proceed to show that three unworthy motives seem to have actuated the electors.

1st. Sectarian prejudice. For fifty-two years no one of that creed to which nine-tenths of the patients belong has obtained any of the twenty vacancies which have arisen.

2nd. Nepotism. For eight of these vacancies, or two-fifths have been filled by sons or nephews of previously appointed officers ; and in 1854, when the Parliamentary Committee inquired into the matter, seven out of the eight officers were closely related to a colleague or colleagues. No relatives, however, were ever appointed who had not been assiduous pupils of the hospital, and had further proved themselves by distinctions publicly won, by study abroad, or by winning good professional positions. This may be said in defence of the election of July, 1861, which *The Irish Times* and *Lancet* made so notorious, although the office was kept open for nearly three months, the average time being a fortnight, although the successful candidate, eight days after he obtained his diploma, was appointed by a majority of one, and although of the four who voted for him one was his father and another his cousin. Yet he had been a student of great promise, which has been most fully realised. These journals proudly record that, a sense of justice prevailing over ties of friendship, Drs. Stokes, Hudson, and Porter opposed the election of this junior candidate. I trust it will appear that they have been consistent and have been influenced by the same just motive at subsequent elections. The candidate most deeply wronged was a gentleman then holding a very high place, now the highest, in the College of Surgeons. Another vacancy occurring, he was elected four months after. It is to be hoped that he has opposed the appointment, through nepotism or other questionable motives, of gentlemen of one year's standing, a practice which he felt to be so grievous. On this as on other occasions some of the leading surgeons of Dublin sought the place.

Of the third or purchase system I have only time to allude to two instances. A gentleman having bought the Meath, to recoup himself agreed to sell his physiciancy of the South Workhouse. The eleventh report of the Poor Law Commissioners records that after a sworn inquiry the bargain was proven, and these authorities (Sir G. C. Lewis, Sir G. Nicholls, and Sir E. Head) make the transaction the ground for a general recommendation to boards of guardians to fix salaries at so low a rate that they shall not be worth the selling. The whole profession has been thus injured by this little monetary arrangement. At the last election a gentleman of one year's stand-

ing, who had won no public distinction to compensate for juniority, was elected. He first bid for the Meath in April, 1868, when a place was vacated, owing to an officer having bought another hospital, and at the time of this bidding he was of six weeks' standing, and owing to want of medical license or registration he was not qualified for the least important dispensary in Ireland. The arrangement failed for want of one vote, a gentleman double his age being chosen, so that the electors cannot consistently assert that they prefer young men, an assertion made on a previous occasion. Neither was his election carried in December, when another vacancy arose; but in April he was appointed to succeed one of the first surgeons this city has produced. The selection of gentlemen who had been educated in the Meath has been often defended by its medical electors on the grounds that they had had opportunities of judging of their merits. The gentleman alluded to never had been their pupil. The most influential of the electors had often urged with force and eloquence that gentlemen who have received university education should be preferred—a qualification his candidate in this instance could not advance. It may have been in his favour that he was very wealthy and lavish of money, and that he was the son of a late illustrious physician. The extent to which the latter circumstance influenced the electors may be estimated by the fact that that great man, having failed to get an hospital during twenty-five years of earnest work, eight years ago, when in the height of his fame, was refused a vacancy in the Meath. With what disinterestedness and generosity have they striven to make amends to his son! I am told that some of the electors were moved by the fear that one whose fame is of service to the hospital would resign if his nominee were not elected. There is as yet no positive proof that the office was purchased, but the general belief of the profession is that it was obtained by the distribution of money in some way—if to the hospital or to the relatives of the deceased could be readily learned. In order that the truth may be arrived at, an influential member of parliament has undertaken to move for an inquiry into the circumstances of this Government institution. The Poor Law Commissioners are empowered by the Medical Charities Act to inquire into the matter, as also are the grand jury under the bribery clause of the Infirmary Act, 3rd and 4th William IV., c. 92. In every other infirmary the surgeon must take an oath that he has not expended money corruptly. For the honour of our noble calling I earnestly trust that it shall not appear that any elector has taken money for his vote, an act which would surely unfit him for high places in the councils of his profession, where honesty above suspicion is as needful as professional eminence.

The State supports our hospitals because they are a part of a great national school of medicine, and the Meath, in 1850 (when the grants to other hospitals were being reduced), kept its grant, as the Government adopted the view urged by Dr. Stokes, that it was "so much an educational institution." The state should, therefore, take care that teachers of proved ability shall be chosen, and still more it is incumbent on the authorities to prevent the lives and limbs of our poor citizens from being jeopardised in the hands of tyros who pur-

chase hospital offices. If such persons teach erroneously they send young surgeons through every part of the world to propagate their errors with most dangerous results.

The endowed Dublin hospitals are defended on the ground of affording such high-class skill above that of the poorhouses, as Dr. Stokes urged before the committee of the house in 1854. He said, "and even if the staff of attendance (of the workhouse) was increased the sick would not have the advantage which they have so long enjoyed, of being placed under the care of the leading members of the profession. At present the poorest inmate of a general hospital in Dublin may have, and has, the same advantage in his medical and surgical attendance as he would have if he was a person of the highest rank in the land. In Steevens' Hospital he would be attended by such men as Mr. Cusack, Sir H. Marsh, and Dr. Croker; in Richmond by Mr. Adams and Dr. Corrigan; in the Meath Hospital by Sir P. Crampton, and so on with the others. I merely mention these names as illustrating my meaning without prejudice to many others of great eminence." Yet the workhouse hospitals had such a physician as the late Dr. Mayne, and have such a surgeon as Dr. Kirkpatrick; and the first of our hospitals is officered by a gentleman of one year's standing.

You will be surprised to hear that the buying of hospital places has defenders not merely "actuated by the rat-in-the-corner courage of detected jobbery," but who believe the system to be good. Foremost amongst such is the great leader of the profession, Sir D. Corrigan. Before the Medical Charities' Committee in 1843 he urged that a young surgeon who thus invests his money will work earnestly to repay himself by winning eminence and public confidence; but surely there is no reason to suppose that the man whom merit, not money, has qualified, will be less zealous. Have men born rich been the great ones of our profession? May not a rich but incompetent man buy an hospital through pride, for notwithstanding all that has occurred to depreciate it, a surgery is an honoured post: or may he not covet 10 or 12 per cent.—for such is the interest of some hospital stock? Of course there are men above such sordid views, for instance, Sir D. Corrigan bought an hospital, as it was the only way he could get one. After twelve years' tenure, so far from having got good interest he had paid £10 more for supporting beds than he had received in pupils' fees. He also urged that as skill is the result of hospital work, a surgeon entering cannot be qualified, but such is an argument for the establishment of assistant surgencies, or promotion from the smaller to the larger hospitals, which I shall just now discuss. Sir Dominic's last reason is that there is no test of merit, and that the governors will be influenced by personal and political feelings. Such is an appeal for the Parisian *concours* system, or the London plan of election by a committee of governors, the medical board giving well-grounded recommendations.

The purchase system has been also compared to that of the army, but in the latter no one can at once buy the highest grade, but must rise step by step from a position of the slightest responsibility. Besides, promotion by merit is now advocated by most enlightened

statesmen, and was always in force in the medical, artillery, and engineering departments, whose officers require technical training and higher mental endowments than the mere combatants. It is said also that judicial appointments are trafficked in, but a lawyer of a year's standing could scarcely buy one, and it would be less grievous if the litigious lost their suits than if the helpless poor lost their limbs or lives owing to such corruption. Let me, finally, impress you against the auction system with the eloquent words of *The Lancet*—"How deeply has the profession in Ireland sinned against the best interests of its own members and the best interests of humanity. The interposition of a mercenary obstacle in the way of attainment of hospital appointments seems to us to be equally alien from the spirit of our noble calling and from that of Irishmen—and the system we have sketched should surely have flourished, if anywhere, on the more thrifty side of the Tweed."

I will be asked what electoral system I desire. I feel confident the *concours* will yet be in force; but, as more practicable, I advocate the system of the London hospitals—for example that of University College, there are the grades of house-surgeon, assistant-surgeon, surgeon, and consulting surgeon, which are successively occupied. The applications of candidates are submitted to the medical board, who arrange them in order of merit, writing out fully their reasons for such arrangement. The committee of governors then elect, following in nearly every case the recommendation of the medical men. Corruption is never attempted, there being a rule that, if it be discovered at any subsequent time, the election is void. As the Government supplies more than half the funds which support the Dublin hospitals, it should share with the governors, who subscribe the other half, the election of officers, and no better electoral body could be constructed than the twelve members of the Dublin Hospitals Board, with the addition of the committee of the hospital in which there was the vacancy, its medical staff commenting on the claims of the candidates, as at University College. The subscribers at large should never have the selection, for able men would not submit to the indignities of canvassing; personal and political feelings would outweigh merit, and "the making of governors," which means bribing them, would become habitual. In the Dublin hospitals where nepotism or purchase prevail, a young man is at once thrust into the highest office, and although he with ability often becomes an expert practitioner, he just as often becomes a mere routinist, owing to the amount of important practical duty forced upon him. In this way I would account for the fact that the Dublin School, although eminently sound and practical, is remarkably barren of discovery or scientific research. I would then urge the appointment of assistant physicians and assistant surgeons to all the hospitals, but with a reduction of the present staffs, as many of them are over-officered.

I need not discuss the abuse of holding office in more than one hospital, for that has been almost entirely remedied, thanks to our great and disinterested medical reformer—Dr. Haughton.

While it is most desirable for hygienic reasons that we should

have ten hospitals, each should have at least 150 beds; the minimum allowed by English licensing bodies. The average number of beds throughout the year does not reach half that in many of them, and, as the officers serve in rotation, they have not each a dozen patients with whom to teach a class. If funds do not rise for the enlargement of our hospitals they should group in pairs with a common class, attending each on alternate days. It is probable that the county infirmaries, including the Meath Hospital, and perhaps Jervis-street and Mercer's, will shortly be brought under control of the Poor Law Commissioners, so far as regards auditing of accounts and the qualifications of medical officers, so that a high place in one of those named would not be obtained by anyone not qualified for a rural dispensary. The multiplication of hospitals throughout the country is desirable in the interests of the poor, and because it is unjust to tax a whole county for an institution which can only be of use to those living within a radius of ten or twelve miles. A map drawn up for Lord Athlumney by Sir Dominic Corrigan, who kindly lent it to me, exhibits the distribution of hospitals proposed by the Medical Charities Bill of 1851. The localisation and management of such infirmaries was admirably provided for by the bill of Lord Palmerston and Sir J. Young of 1854. The only suggestion that I can make on the subject is, that each should have a resident surgeon holding office for three years, the public would then be supplied with practically informed men. These appointments, as well as those to dispensaries, should be gained by competitive trial conducted by the Poor Law Commissioners before entrance into their service. The proposition that the Dublin hospitals should receive suitable cases from workhouse and dispensary districts for payment from their rates, so ably submitted to the committee of 1854, had many opponents, but is now in force as regards fever and ophthalmic cases with great advantage. Clinical hospitals would benefit from a connection with workhouse, for chronic cases might be exchanged for acute and operative ones. As was also urged by the Chief Poor Law Commissioner, public grants should be devoted to establishment charges, such as rent and salaries; for thus the benevolent would be encouraged to endow beds, as a small sum would suffice for the maintenance of their occupants. Lastly, it is desirable that well-to-do tradesmen should pay for hospital relief, a view which is now warmly advocated in England. Payment should never gain them admission if their cases were unsuitable or if it occasioned distinctions between them and gratuitous patients. The temporarily poor are not paupers, and if our working classes had to pay for hospital support, perhaps with the aid of some friendly societies or sickness assurance through the Post-office, it would tend to make them temperate and provident. Dr. M'Donnell quoted for you Watteville's report on French hospitals—"The creation of paying beds in the hospitals is useful to these establishments, but it is eminently useful to the working classes," and added, "the plan seems worthy of the warmest advocacy, because the industrious poor man may be treated alongside the pauper, yet this feeling that he is doing something

towards his own support, causes him not to hang his head for honest poverty."

I have now ended this hasty paper, the main object of which was to urge that in the interests of the poor and of the profession, money shall not buy the place which learning, skill, and experience should win. The exposure of abuses has been, indeed, a painful duty, and one which may gain for me the ill-will of the interested, but I have tried to perform it with fairness, and shall be fully recompensed if amendment follows through the exertions of the zealous and high-minded.

DISCUSSION.

Dr. STEWART thought the thanks of the Society were due to Dr. Mapother for the manner in which he dealt with a subject which was unquestionably an invidious and unpleasant one. He believed there was something to be said for and against the system by which situations in hospitals were purchased. Sir Dominic Corrigan was an able man and an eminent physician, and would not have pronounced his opinion without sufficient data. But, with respect to the statement that the purchase system prevailed at the House of Industry and the Meath Hospital, it was not proved although it might be suspected. He was very much inclined to think that money was the great instrument used for the purchase of many situations under the government. Indeed, he had heard it reported that many situations on the bench had been purchased. He referred to an answer given by Sir Philip Crampton to a medical gentleman who consulted him on the subject of the purchase system. Sir Phillip replied that commissions in the army were bought and sold, and he did not see why positions in the medical profession should not be obtained by purchase. In conclusion, Dr. Stewart called on those who had experience of the jobbing system to stand up and tell what they knew about it.

Mr. JAMES HAUGHTON, J.P., said he had been for about thirty years a governor of Cork-street Fever Hospital, and during that time he had met with some difficulties in reference to the appointment of medical men. A physician, although appointed annually, was virtually appointed for life, and the consequence was that he retained his situation till he became incapable of performing his duties, and the patients became the sufferers. The governors then came to the conclusion that they should only appoint a physician for seven years, after which time he should make way for a younger man, who would thus be allowed an opportunity of studying the various phases of fever. As he was unable to judge of the value of testimonials, which all candidates presented in great numbers, he had acted on personal considerations.

Dr. EVORY KENNEDY said he had listened with the greatest attention to Dr. Mapother's paper, from which he had learned much, and he had been very much struck with the force and strength of his statements. He had pointed out grievances that no man could question; the facts he had stated no man could deny; the practice

he referred to no man could advocate; and he complained of a state of things that must be altered. But in doing this he also pointed out, not perhaps as strongly as he ought, the fact that most of those great institutions on which they were now sitting in judgment were founded by medical men themselves, were sustained by their advocacy, and if young gentlemen, relatives of the founders of those institutions, were in every respect qualified for situations in them, and obtained them, the public would have no right to complain. It was notorious in the history of those institutions that those which were best conducted were those to which young men were appointed. If they were not men of experience and ability, they would hold their situations at the expense of the patients. He would not select for the post of physician or surgeon to an hospital the best answerer at any examination, if he were not satisfied that the candidate were qualified to attend at the bedside of the sick and to teach. He believed that the intellectual attainments and practical skill that were essential could be obtained by adopting a gradation of offices—house pupil, assistant surgeon, and hospital surgeon; and that would be much better than to put a young man of twenty-one years of age in charge of hundreds of patients, simply because he had an uncle or a grandfather.

DR. O'LEARY said he had the honor of being one of Dr. Mapother's colleagues in St. Vincent's Hospital. He did not buy his position, but worked up from the rank of a student to that of assistant surgeon. He believed it would be admitted that in the main medical men were not actuated by mercenary motives, and that they did their duty to the poor. In Jervis-street a sum was paid by the incoming medical man; but as a proof that there was no abuse of the system there, he would only mention the name of Dr. Robert M'Donnell, who on retiring from that hospital put into his place a young but most competent gentleman, Dr. Corley. Whether Dr. M'Donnell got as much on leaving as he had paid himself, he did not know. He did not belong to the Meath hospital, but he had heard the late President of the College of Surgeons, and other members of its staff, say that as long as they lived they never would allow their places to be bought or sold.

THE REV. DR. HAUGHTON, F.T.C.D., said that this was one of the most important questions that had come before the Statistical Society for many years. He regarded his lordship as an excellent judge, but he was not quite satisfied with the jury. He should begin by protesting against the statement made that evening that the Dublin hospitals had much to learn from the London hospitals. He had visited them all, and his humble opinion was that the London hospitals had much to learn from their hospitals. The hospitals of London were now on their trial on the question as to whether large or small hospitals were best. It had often been a subject of reproach that the hospitals in Dublin were too small. They had ten clinical hospitals of Dublin serving the wants of 300,000 people. None of these hospitals were large compared with the London hospitals. St. Bartholomew's had 560 beds constantly filled; Guy's had 530 constantly filled; St. Thomas's, now building in Westminster,

was to have 600. He believed that the issue of that question would thoroughly establish that they had nothing to learn from, but much to teach, the London hospitals. The question brought before them that evening was rather a limited one, and therefore he would not consider the question of pluralities in hospitals; that he believed was not before them. The question before them was a very important one in reference to the management of the Dublin hospitals, and the principle that should prevail in the appointment of their medical officers. The great hospitals of Dublin were at present schools of medicine as well as charitable institutions, and there were two distinct principles on which the appointments of their medical officers were made. The first was that attendance to the poor should be the ruling principle, and the result of that principle was that the appointment of the medical man was made without purchase, and the fees went for relief of the poor. That was the principle of the hospital to which Dr. Mapother himself belonged. The other principle was that of Mercer's Hospital, where the surgeon paid a large sum for his position, and turned it to account according to his ability in collecting and teaching a large number of students. If he sees the concern is not working well, he tells his friend that he had better buy, and the result is that the place sells for £1,300 or £1,500. He did not object to the principle because it was known to everybody. The principle thing regarded was the success of the students, and the institution was worked like a mining speculation. If a professional man bought a share in a concern like this, he should naturally try to get back his capital with interest through the pupils. He believed that both of these principles were equally wrong, and erred in opposite extremes. The better course would lie in the happy medium, where the interests of the poor and of the medical man were considered. There were hospitals in Dublin where that medium was carried out. Medical officers should not be expected to be more disinterested and more devoted than the rest of the world; yet there were young ladies and others who thought they were angels, but he (Dr. Haughton), who had the advantage of belonging to two professions, would tell them that they were not angels, but common men like the rest of them. They were neither better nor worse than their neighbours. He would therefore ask the meeting not to go in for excessive purity and zeal for the poor, for that would be impracticable; but he maintained that it ought to be an essential principle in the making of those appointments, that whatever plan of appointment was followed its conditions should be made public. They should not recognize an hospital like a mine or a railway out of which they might draw 10 or 15 per cent., and then take credit for charity which they did not possess. They had no right to say that they were serving the public without fee or reward while they were drawing 10 per cent. on their money. It was the secrecy that excited suspicion in various cases, though, as he believed, these suspicions were unfounded and unjust. These suspicions would be removed by an open and explicit statement as to how the candidates were to be appointed. If there was money to be paid down, it should be stated; but he objected to an arrangement in any hospital or in any

public institution, whether it was the purchase of an hospital or the vote of a freeman, by which a man should have to go to the seller and higgler and bargain for it. He believed he would be wrong in condemning any one institution, because if all their faults were known many of their neighbours would not appear in a very virtuous light. He was an old pupil of the Meath Hospital, an institution to which he was much attached, and where, while there were many things of which he approved of, there were many that he disapproved of; but he would assert, without fear of contradiction, that there was not an hospital in the city of Dublin or, he would add, in Scotland or England, that could show such a roll of distinguished surgeons or physicians as it could. He need not remind them of Crampton, of Abraham Colles, of Professor Porter; and if he were to name the living, he would only speak of those who were universally recognized as transcendent in their position—William Stokes and Hudson.

DR. ROBERT McDONNELL said that the late Abraham Colles was surgeon to Dr. Steevens' Hospital and not to the Meath. As his former connection with Jervis-street Hospital had been alluded to, he wished to say that, on going there, he fell into a system which had been in existence for many years. He did not approve of it. He did not believe there was anything in it absolutely wrong, or else he would not have accepted office. But an evil of the system was that it excluded the young man who had brains but who had not £500 to give for an hospital, and he was certain that it would be an advantage to make brains the test, and to put aside the money test which had done great harm.

DR. H. KENNEDY said that in Paris a determination had been come to not to allow men to hold hospitals after they were sixty years of age. He had had great experience of Cork-street Hospital, and he had never known an injury to result from a patient being carried a long distance to it.

MR. DIX HUTTON spoke against the purchase system which he thought was indefensible.

DR. JACOB said he was medical officer in an hospital in which the purchase system prevailed, and that it would be a great public calamity if the statements made by Dr. Mapother, and the conclusions drawn from them were to go forth to the public without some attempt at contradiction on the part of those who administered those hospitals. Neither the time he had to speak nor his years or experience would enable him to reply to all the statements made against the purchase system, but there were a few points alluded to to which he would refer. Dr. Mapother stated that the system by which physicians and surgeons purchased situations in hospitals militated against the poor, but it appeared to him that Dr. Mapother had signally failed to prove this. He could point to the Dublin schools of Surgery and Medicine and to the medical staffs of the hospitals, and he would defy any city in Europe to produce better qualified or more efficient men. He looked to the general bulk of the medical officers in Dublin, and he believed they stood in a position equal to those appointed under any other system. It was impossible that such men as Mr. Robert Adams and Sir Dominic

Corrigan and others could obtain their position by nepotism. With respect to the purchase system, although there was a specific sum given for the position, there were many perfectly ready to give that sum, and the electors were by no means men who had no choice in respect of the best men. With respect to the proposition to do away with the purchase system and to substitute a better one, he should say that he had not heard of a better one. He concluded by denying that the governors of those hospitals whose system he defended sacrificed the interests of the poor.

MR. SHAW, F.T.C.D. said the importance of the subject was so great that he thought the Society should depart from its usual rule, and adjourn the discussion to another evening.

DR. MURNEY seconded the motion, which was adopted.

SECOND MEETING.

[Tuesday evening, 29th June.]

PROFESSOR INGRAM, F.T.C.D. in the chair.

MR. SHAW, F.T.C.D. re-opened the discussion and said : The question raised by Dr. Mapother's paper is whether it is for the public advantage that offices in hospitals should be to any extent the subject of purchase and sale. This Society is not sitting in judgment on any profession or on any individual, or enquiring into the moral right or wrong of a practice which has received the sanction of many eminent and honorable men ; we are simply discussing whether hospital appointments ought to be thrown open, in the view of the public interest, to the widest possible competition, or whether their disposal can be safely and judiciously limited by the enforcement of pecuniary arrangements. There is, in the first place, an historical presumption against the purchase system. The habit of selling public offices was at one time universal. Places in the administration, the government of provinces, seats on the judicial bench, positions in the Church, were habitually sold, but this system was found to be inimical to the public interests, and the purchase system is now confined to the army and to hospitals in certain places. The main argument, however, against the system in question is derived from the general economic principle, that they should not limit the field of selection if they wanted to get the best candidate. Now, this general principle happens to be of peculiar importance in the case of hospital appointments. To be fit for an hospital a man should not only be a skilful surgeon and have an aptitude for teaching, but he should also be able to act harmoniously with his colleagues, and be possessed of those qualities which gain the confidence and affection of all those with whom he came in daily contact. To superadd to these numerous qualifications the condition that the candidate should produce £500 or £1,000, was really to incur a serious risk of shutting out a competent officer. But to these general and special arguments several replies are urged ; and to the consideration of these we are bound to give our careful attention. It is said, in the

first place, that the faults of the purchase system, whatever they may be in theory, are in practice inoperative. We are told to look at the Dublin hospitals, and say if they are not well officered, and if they do not fulfil their purposes satisfactorily. But I answer, England was a great commercial country before she adopted free trade; yet free trade doubled her commerce. There was good farming in Lincolnshire and in the Lowlands of Scotland while foreign corn was excluded from the English market, but the admission of that foreign corn raised English and Scotch farming to a higher pitch. The question is not, are our hospitals good, but might they be better? How much better they might be made nobody can tell until the experiment be tried. The question of their reform is not to be decided by fulsome panegyric, no more than by angry invective. It is quite true that the purchase system has not hindered our hospitals getting the services of such men as Stokes, and Corrigan, and Hudson. It is equally true that it keeps out of office men who are of the highest possible promise. The successes of the system stand out broad and clear to the public view; but the failures it causes and the damage it inflicts are hidden in obscurity. Besides I deny that the illustrious men whose names are mentioned as apologies for the purchase system are in reality due to it. You might as well assert that the genius of Æsop was due to the institution of slavery, or the legal wisdom of the Lord Chancellor Bacon was due to the system which prevailed in his time, of paying judges by fees and presents, instead of by a fixed salary. A more serious defence of the purchase system is the allegation that it facilitates timely retirements. But cannot these retirements be brought about by other and better means? It seems to me that the retirement of an officer whose infirmities disqualify him for active hospital duties, ought not to be left to his own option, but ought to be a matter of strict enforcement. The public are bound to provide efficient and not apparent aid for the poor—efficient and not make-believe instruction for the student, and, therefore, ought not to retain on the hospital staff an officer whose age or infirmity private patients would consider as a disqualification for attendance on themselves. A medical officer may fail to perceive the decay of his own powers. He may cling to his post like a barnacle to a rock long after every one but himself desires his removal. The Archbishop of Salamanca was very angry with poor Gil Blas for discovering some signs of age in his reverence's sermons. We have seen judges retain their seats on the bench for years after age had made them stone blind, or left them without the capacity of giving their attention to a case that lasted two hours. Of the frailties of our common nature I would speak with all due tenderness. But are the interests of the public to be sacrificed to the interests or to the self-delusion and vanity of the barnacle? I confess I would require the medical officer of an hospital to retire not only on his attaining a certain age, but, if such should happen previously, on his having held his office for a certain number of years. I think there is strong reason for limiting his tenure of office to a period of some fifteen or twenty years. The reason I refer to is this; Hospitals are the gateways to private

practice. Paying patients are not to be had except by those physicians and surgeons who have a reputation for professional experience. Now, there is no field of experience comparable to that which is afforded by an hospital. It is the hospital that enables him to make reputation with the general public; and this reputation gives private patients. The young physician or surgeon ought not to be excluded from access to practice, either by a gate which opens only to a golden key or by a gateway which is obstructed by the senior members of his profession. These latter have derived from the hospital all the benefits that the public interest requires them to get—an ample experience and sufficient opportunities of acquiring a large circle of paying patients. To retain possession of their places after this is to monopolise the only practical means young men have of making their merits known. If it be objected that the hospital should not lose the services of a really first-rate officer, merely because he may have held office for fifteen or twenty years, I answer that as a consulting physician, or as a surgeon extraordinary, he can still render the hospital all the aid it really requires. The purchase system is further defended by the consideration that the purchase-money is, to a great extent, really given, or at all events, lent to the poor. Thus in Jervis-street Hospital the incoming officer pays £200 to the funds of the charity, and £300 to the out-going officer. Now, with respect to the first of these sums, the governors of the charity are, of course, not to be censured for exacting it, if they find that to be the best or the only available means of maintaining their institution. It may be, perhaps, better for the charitable objects they have in view, to limit the field of their selection, and run thereby the risk of passing over a superior candidate than to lose the money. But the question we have to discuss is not concerning the shifts which the governors of hospitals may be driven to, but concerning the course which an enlightened sense of the public interest would impose on the public themselves. I maintain that if the public desires to give its full efficiency to Jervis-street Hospital, they will make up by their subscriptions, or by corporate or Government grants, this £200 procured at a sacrifice of the perfect efficiency of the hospital. As to the other £300, the share which must be paid to the outgoing officer, this is, of course, nothing but the repayment of a debt; and there can be no question that the outgoing officer is entitled to receive it. It is his tenant-right in the hospital. But who ought to pay it if public interests alone are to be regarded? I say *not* the incoming man. Even £500 is an effectual bar to the professional career of many men whose abilities and industry would, but for this invidious bar, enable them to confer the highest benefits on the public and reflect honor on their profession. I now come to that argument which alleges that the money invested in a medical school is a guarantee of the officers' zeal and industry. He will work all the harder, it is said, because he fears that if he does not, the school will go down, its shares will fall in the market, and his investment will be wholly or partly lost. I believe, sir, that medical men are habitually acted on in the discharge of their duties by much higher motives than those which

this argument presses into its service. Commercial motives are no doubt the predominating ones in trading and manufacturing industry; even in the liberal professions, they secure the performance of routine duties with tolerable efficiency. But the highest class of work was never yet done from pecuniary motives, but for love of the work itself. It is so in hospitals as in the council chamber, the senate, the field of battle, the philosopher's closet. But if we must speak of those lower motives which are undoubtedly of use in keeping up a certain amount of attention to official duties, I ask, have not the medical officers all the needful stimulus in the fact that their class fees will rise or fall according as the hospital rises or falls in public estimation? This motive will operate with precisely equal strength whether the officer has acquired his post gratuitously or purchased it with money. And if so, what is the use of superadding the motive of fear, the fear of losing a large investment, except, perhaps, to induce here and there a low-toned man to curry favour with his class by sycophantic arts or less worthy compliances. I make a like reply to the argument which pleads for leaving the election of the hospital officer in the hands of the existing medical staff of the hospital, on the plea that they are likely to make a good appointment, because a good appointment would tend to enlarge their class of students. I believe, sir, that good appointments are made from better motives; and that if medical men as a rule were to listen to the mere promptings of pecuniary interest, it is not the best colleague they would elect but a mediocre one, whose rivalry with them in the field of private practice might be safely encountered. But I would deprive them of the power of electing to vacancies, because, as long as this power exists, there will be always an impossibility of being sure that the election is not tainted with improper motives. I now come to an argument, or rather a pitiful plea in favour of the purchase system, which, though it has not been advanced in this room, forms the staple of an article which appeared in a Dublin newspaper, the article being written *apropos* of Dr. Mapother's paper. This plea may be briefly described as the "social standing" plea. It is said, or hinted, that the necessity of paying down £500, as in Jervis-street, or £1,000, as in the Meath, or £1,250 as in Mercer's, for an hospital appointment, is a guarantee of the payer's social standing, and keeps the medical profession, forsooth, respectable! What a notion that writer must have of the respectability of the medical profession! William Hunter, pursuing his dissections in Edinburgh through the winter months, and retiring to serve as an apothecary in a small country town in summer, was not, I suppose, respectable. Learning, genius, honest labour in a generous and noble calling, the refinement of mind and manners produced by a large and liberal education, do not make men respectable, unless they can back up their claims to the respect of flunkey souls by the possession of at least £500! And to what profession is this test of social standing to be applied? To that which is of all professions the least conventional and the most real and essentially human; to that which is brought face to face with nature at every step, and plies its beneficent mission

among those scenes of pain and suffering which level all distinctions, and shrivel up the pomps and vanities of the world like so much tinder. Little does the poor patient, stretched on an hospital pallet, or surrounded by the terrors of the operating table, reckon of the balance which his surgeon may have at a banker's, or in what kid-gloved society his physician may be privileged to move. Still less, if possible, and I say it to their honour, does a class of medical students care whether he be rich or poor in material wealth, whether he be cousin to Lord Tom Noddy, or a favourite guest at Castle dinners, provided he be able, out of the stores of a rich and varied learning, or by the example of a deft and cunning hand, to help them up the arduous hill of knowledge, and smooth the difficulties of their noble and beneficent profession. The "social standing" plea I regard as the last and meanest whine of the *regime* of protection; it is an attempt to keep up the falling barriers of class privilege for the benefit of monied incompetence, and in an age when liberal principles are triumphant, to filch from genius and from honorable industry the rights they have won to an open career.

SIR DOMINIC CORRIGAN, Bart., said he knew he had a difficult task before him, because he feared he should take up what appeared to him, from the expressions that had fallen from that meeting, rather an unpopular view of the question at issue. He thought it was Dr. Johnson who said that there were three things which every man thought he knew, politics, physic, and the art of poking the fire. He did not think he ever had such strong proofs in his life of the truth of Dr. Johnson's assertion than he had at this Society, from the commencement of this discussion up to the present moment. He was sorry to hear the last observation made by Dr. Shaw, that he heard a man eminent in the profession saying that social position and money were necessary to obtain rank in that profession. He did not doubt Dr. Shaw's veracity—he believed that Dr. Shaw had made a mistake. He would now meet Dr. Shaw on another fact. He stated that it was an understanding at Jervis-street Hospital that such and such a money arrangement should be made. He would plainly tell Dr. Shaw that he was utterly mistaken as to the facts; no such arrangement existed. The election to Jervis-street Hospital was vested in a body numbering from one, to two, three, or four hundred governors, and that there could be no such arrangement with those men to return physicians or surgeons for money. He was a governor of that hospital himself, and therefore he spoke with authority. It was a county infirmary, subject to the infirmary acts. There might be one hundred governors this year, four hundred another year. There might be an arrangement as to the appointment, but there was no arrangement by which a man paid £400 or £500 for the situation. There might be a few gentlemen who manœuvred on the election without having subscribed a shilling, and who on the occasion of an election might say, "We wish to be benevolent to the poor at your expense. We will give you our support provided you give us £200 to go to the support of the hospital." Dr. Shaw said his observations were theoretical, and he asked whether it was for the public advantage that the system of

purchase should exist. Dr. Shaw put the question in an unfair way. Dr. Shaw was a very learned man—he was a Fellow of Trinity College, but still common sense came in and said “We will try your logic by the test of common sense.” Dr. Shaw asked was it for the public advantage that the system of purchase in hospitals should exist? He thought the question was whether the system of purchase was so objectionable that it should be stamped out. He raised up a position of his own and then knocked it down, but he knocked down his own puppet. Dr. Shaw went on to review the arguments in the defence of the purchase system, and he then referred to the principle of conservatism in relation to foreign corn. He (Sir Dominic Corrigan) thought he was about the last man in the room to advocate conservatism. When Dr. Shaw referred to the system of purchase he compared it to a system which let in foreign corn as regarded the medical profession. Dr. Shaw fell into the mistake in which every man would fall who talked on a subject which he did not understand. In the medical profession foreign corn was let in by the purchase system to compete with the native grown corn. He should avoid alluding to living men. The name of the late Dr. Cheyne was still revered by them. If the system of appointments by a medical board had not prevailed in Dublin, Dr. Cheyne, who was foreign corn, would not have been heard of. The principle which he (Sir Dominic Corrigan) advocated was this, that they should not care where a man had learned his profession so as he had learned it. Dr. Shaw made a pathetic appeal to them that a medical man should be forced to retire at sixty-five years of age, he believed Dr. Henry Kennedy said sixty. He would reply, that the souls of their fellow-creatures were at least as valuable as their bodies, and yet he never heard it urged that at the age of sixty-five a man should resign a bishopric or an archbishopric. He never heard that a Provost or Fellow of Trinity College resigned his position on reaching the age of sixty-five. It was a curious thing that men should apply certain principles to the medical profession, and when it was proposed to apply those principles to their own, to say that they were not applicable. A medical man who reached the age of sixty-five years, might not choose to operate in an hospital, or stand by the bedside of the sick, yet would carry with him into the consulting-room the experience of a great number of years, and give the young men around him the benefit of that experience. Then, as regarded the purchase system in other professions, when a man reached a certain age the state provided that he should retire and make way for a younger man. Dr. Shaw’s argument was this, that when a medical man attained the age of sixty-five, as the state did not provide for his old age, he should be thrown out a beggar on the world. A man arriving at that age met a young man, who said to him, “You have now reached a position. You have done your duty in your profession. I will give you something which will enable you to retire, and I will go in at the foot of the ladder.” Now having made these observations, he hoped they would not understand him as advocating any particular system. His object in rising was to give information. He would ask them before they came to

a conclusion upon the subject before them that they would weigh the pros and cons, for it was a far more difficult subject than they might imagine. They should look back to the Dublin School of Medicine and see what it was when he was a boy—the Dublin School was one in which it was supposed medicine could not be taught. There was a medical school connected with Trinity College attended by about forty students. The College of Surgeons was then struggling into existence. He went to Edinburgh under the impression that medicine could not be taught at home; just as to-day, to their disgrace, it was necessary to go to Edinburgh to learn the veterinary art. What had the Dublin School risen to in a few years? It had risen to an eminence which had no parallel elsewhere in their time. Its name had reached America and every part of Europe. Irishmen filled three-fourths of the situations in the army and navy. The London journals had written on the Dublin hospitals. He had scarcely patience to talk on this subject; but he would say that those articles in the London papers were not written for love of Ireland—their criticism was meant to injure, not to serve. He perfectly agreed with Dr. Haughton when he said they had nothing to learn from the London hospitals, but much to teach. Sir D. Corrigan then spoke of the harmony which prevailed amongst the members of the medical profession, such as did not exist in London or Edinburgh. He referred to the London journals of last week, showing that squabbles in the London hospitals had led to trials in the London courts, where gossip and personal slander formed the subject of investigation. There was no such thing known in Dublin. The Dublin School of Medicine, from having only a class of about one hundred students, now had a class of about one thousand, and these were not supported in Dublin at less than £100 per annum each. If he added about half that number for the young men coming to Dublin to prepare for the Indian Civil Service—for Irishmen were taking the lead in all these examinations—he might say that the students caused an expenditure in Dublin of about £150,000 per annum. They had often heard discussion as to the loss of £30,000 a year to Dublin if the Lord Lieutenancy of Ireland were abolished, yet here were the students of Dublin spending £150,000 per annum amongst the hard working shopkeepers, and the persons who let lodgings in the city. They did not want to say that their institutions had no faults; but they should not allow charges to be made without contradiction. Before the Medical Charities Committee of the House of Commons, in 1843, he stated that the purchase system was the best, and the opinion which he then gave he still adhered to. He did not mean to say that all other modes of election should be abolished, but he contended that promotion by purchase was not what the opponents of the system represented it. His first entrance into the medical profession was as a candidate for a dispensary in Dublin, where he followed Abraham Colles. He asked a man in the Liberties for his vote, and he asked him his qualifications. Just as the conversation was going on the shopkeeper asked to be excused, as he had to attend a lady. The “lady” was his (Sir Dominic’s) mother’s cook. The man purchased kitchen-stuff, and as soon as

he had attended the lady he attended him. He obtained that man's support, but he would not say by what agency. The next election was at Jervis-street Hospital. The election rested between three hundred and four hundred governors, and a number of his friends subscribed two guineas each to become governors. Where the money came from he was not bound to tell; but it was a very curious thing that whatever might be the evils of a contested election in large popular bodies, whether in regard to politics or hospitals, it was curious the development of latent philanthropy that came out. It was a very extraordinary thing that on the eve of a contested election men went about seeking whom they might deliver from prison; and on the eve of a medical election men rushed in to subscribe their money for the good of the public. Now he would come to the oligarchy, where a certain election was vested in a body of governors; a single vote became of the greatest consequence, and of all the tribunals in the world the one that most discovered his aptitude for the place was the Chamber of Commerce. He went in there and told a friend that so and so would vote against him. The friend said he would not, and writing his name on a piece of newspaper said, "Give him that and tell him to vote for you." He said, "Oh I could not, for I was speaking to him, and he was not inclined to——." However, he went to him and the voter said, when he saw the magic name, "Since yesterday I have enquired into the relative merits of the candidates—your qualifications are of such a high order that I must break my promise to the other candidates." He was told afterwards "That man who sent the bit of paper discounts for the other." He heard an important admission from Mr. Haughton, that he belonged some years ago to an oligarchical body, and he gave up in despair the idea of distinguishing between the qualities of candidates, and what he did was simply to vote for personal considerations. Whatever might be the faults of election by lay committees, the election worst of all was the election by a medical board. He did not expect to have that "hear, hear." He thought that was an election that was open to most corruption, because it was perfectly impossible for five or six men, no matter how pure their motives might be in the hospital, not to prefer any one of the young men they had known themselves—their own relatives for instance—to strangers. So he looked upon that as the worst of all, because with regard to the medical board there was no fair play at all. Dr. Mapother had adduced an example of a board with a qualification. He said that at his hospital—which of course was perfection from the officers selected—the mode of election was that the medical board recommended, and that the ladies choose.

DR. HAUGHTON—"Adopt."

SIR DOMINIC CORRIGAN—What chance, then, would old fellows have with a man like Dr. Mapother? He protested against the medical board, and he protested a thousand times more against this tribunal. They had now the sixth mode of election, which had received the *ad captandum* name of "concursum. He had had experience of the concursum, and he was bitten by it. On his return from the Continent he hoisted the flag of excelsior, and said they

should have the concursus. They had it, and they got the worst men in the hospital, and at the end of three years they were obliged to give it up. He should explain that the term was derived from the running of a pareel of horses together, the first in getting the prize. It might apply to horses and donkeys, but it did not apply to the benefit of the poor. He found men so eleeted insolent to other pupils and intolerable to the governors. Where only kind treatment was neecessary, hearts and hands were neecessary, the man of moderate talent, who spent his time over the bed of the patient, and gave words of consolation and relief, was far better in an hospital than he who had read a number of books. There were various modes of performing an operation, but the man who had seen the thing done and could do it well was the man for the office. He had been in foreign hospitals where the appointments had been made by concursus, and he would say plainly that whether as regarded attendance on the sick or instruction, his impression was against it. They could not apply the general principle that applied in other institutions in life to this. He thought it had been proposed to examine all candidates for hospitals. What, then, would become of the subscriptions? Would any body of governors submit to it? No. And yet that was one of the proposals made. Now he would come to a statement of Dr. Mapother's—namely, that when a man was a professor it was sufficient evidence of his fitness for an hospital—a man might be the best man in the leeture-room and the worst in the hospital. It was true the two functions might be combined. It was possible for a man to be a good hospital man and a good leeturer, but the combination was aeidental. It was said by Dr. McDonnell that brains should be the test and not money. But what was the test for brains? was it standing, and was that to be measured like the King of Prussia's grenadiers. He knew no test for brains as regarded an hospital appointment, while appointments in the church and in the legal profession were the warrants of eecelebrity, eecelebrity in the medeal profession was the result of the appointment. A man to be a teacher in the hospital should be a man who began early with a studious mind, and the man of standing or the old man was unfit to take up the office. Dr. McDonnell held one of the highest appointments in Ireland, that of Surgeon to Steevens' Hospital. How did he get it? He bought a place in Jervis-street Hospital, and having bought the field in whieh he exhibited his knowledge, he obtained such eecelebrity that they were very glad to get him into Steevens' Hospital. He bought the field in whieh he laboured, and he had the good fortune to obtain the appointment in a larger hospital. It had been proposed to follow the system in London, that a man who was a house surgeon should rise to the various grades. That put an end to the system of purchase so far. He maintained that there could be no system worse than that. He had personal experience of it for many years. When he became a candidate for the Government hospitals he was met by the medical board with the objection that he had not filled any of the inferior positions. He went to the Lord Lieutenant of the day on the subject. It was absurd that a man who had obtained a character anywhere else was

not to fill a position in any hospital unless he had risen from the floor. If he had not broken down that system years ago he would have been excluded himself, and so would his respected colleagues Dr. Banks and Dr. Adams. A proposal had been made that the Dublin hospital boards should be the examining bodies, and elect the physicians and surgeons to the various hospitals, but this was to some extent absurd, as in many cases, the Rotundo Hospital for instance, the majority of the board were not medical men. The change that was advocated would have the effect of bringing in mediocre men. He would now say a word about the purchase system. He did not say it was better than any other, but he would say it should not be run down. The only test he knew was this—If an ambitious young man felt he had the “go” in him he looked about in the hospitals, and determined to place himself in competition with the men in the hospital to acquire rank for himself. That was the only test of brains, and amongst the test of brains that was the best. If he had not the “go” in him when he got into the hospital, he was very glad to get out for a few hundred pounds. The system of purchase had gone outside the profession, and it had been approved of in the committee of the Jervis-street Hospital. Every one of their systems demanded reformation in some way or other. Let them reform if possible, but do not run down any one system by making it like the bed of Procrustes, where every man was to be cut to fit. If there were defects in the system, let the governors of the hospitals after this go home and look into their affairs, and see whether the election could not be better managed. He objected to any one system being laid down or denounced as unfit or injurious to the poor or the schools of medicine. He explained that the money contributed by medical men to hospitals was for their own benefit rather than out of benevolence. They should look upon this in a commercial point of view, and whilst they did all the good they could they should not allow other professions to make experiments upon them to protect their own incomes and their professions.

DR. WHARTON proceeded to read an MS. reply to Dr. Mapother's paper. He said Dr. Mapother's objections were characterized by himself as of a grave kind. He quoted from *The Freeman's Journal* which contained the fullest account of the paper. Dr. Mapother alleged that in the Meath hospital three unworthy motives existed—first, “sectarian prejudice;” second, “nepotism;” third, “purchase.” The first charge was easily disproved, for Dr. Mapother himself admitted that the respect paid to the religious belief of the inmates was worthy of the highest praise. It might be said that sectarian prejudice had militated against the admission of certain gentlemen to the medical staffs of hospitals. If that was raised as an objection, the answer was simply, it is no objection at all, unless it was proved that the poor were not properly cared for, and Dr. Mapother himself admitted that the attention paid to the wants of the poor in the hospital was deserving of the highest praise.

DR. MAPOTHER said he must call on Dr. Wharton to quote his statements accurately. The charge of sectarian prejudice he made was against the mode of election of the medical officers, and not against the mode of treatment of the patients.

DR. WHARTON said he could only account for the charge of sectarian prejudice from the fact that the gentleman who made it esteemed the surgeonry of the Meath hospital so worthy of his ambition as to seek for it on three occasions—

THE CHAIRMAN called Dr Wharton to order. The discussion should be kept as free as possible from personalities.

DR. LYONS rose to order. He thought Dr. Wharton ought to be heard fully in reply to Dr. Mapother's charges against the Meath hospital—charges which he (Dr. Lyons) maintained were wholly unfounded and unwarrantable.

MR. MOWATT rose to order. All the rules of the Society had been violated that evening. In the first place Dr. Wharton had no right to read a paper at all. If Dr. Wharton was not fit to discuss the question without reading manuscripts he should not be heard at all.

DR. MAPOTHER said it would distress him greatly if Dr. Wharton was not fully heard on every point he wished to discuss. That was his feeling, and he therefore hoped the meeting would hear Dr. Wharton.

THE CHAIRMAN said he should deny that the rules of the Society had been violated, and he should add that Mr. Shaw's opening speech was a remarkably able one, and that the only expressions in Sir Dominic Corrigan's reply to which exception could be taken, had been handsomely apologised for. But he would continue to protest, as chairman, against Dr. Wharton introducing personal matters into the discussion.

DR. WHARTON said nothing remained for him but to sit down. He would hereafter appeal to the press to publish his reply to Dr. Mapother.

THE CHAIRMAN said that course was open to Dr. Wharton. There was no doubt it was against the rules of the Society for a gentleman to read a paper, as Dr. Wharton was doing, without first sending it to the Secretary, and getting the permission of the Council.

DR. WHARTON read a letter, dated the 18th of June, which he had received from Dr. Mapother, apprising him, as one of the board of the Meath hospital, that he would read a paper on the Dublin Hospitals and inviting him to attend. He would, however, bow with submission to the decision of the chairman.

DR. MAPOTHER repeated that nothing would give him greater pain than that Dr. Wharton should not have the fullest opportunity of replying to every statement he had made. He again appealed to the meeting to hear Dr. Wharton.

THE CHAIRMAN said a paper could not be read. He would hear the subject discussed in the proper way.

MR. MOWATT said the question was really a trades' union question. It was a question between the "ins" and the "outs"—between those who having hospital appointments wished to keep others out, and those who, not having them, wished to get in. He believed that Dr. Mapother would make as many enemies for himself as did other reformers; but he desired that the public outside should see that this was a big trades' union question.

MR. DAVID ROSS, LL.B., said he did not agree with the proposition that this was a mere question which concerned only the ins and outs. He thought that the hospitals to which £20,000 were paid from public and private taxes were institutions in the management of which the public were interested in a high degree. The question was, whether the poor should not have the attendance of the best medical men? It was not a mere trades' union question. He did not see any justification for a system by which a man was elected to important situations because he inherited money from his father. He believed that a reliable examination could take place, and that the competition for a situation in an hospital could be carried on legitimately. He objected to a man in the position of Sir Dominic Corrigan, and with his liberality of view, supporting the purchase system. Mr. Ross then pointed out that the purchase system in the army had been reported against, and that the staff appointments and commissions in the engineers were now obtained by the competitive system. He maintained that the sooner the medical profession gave up the money test for the merit test the better for the profession and the public. In reference to the giving of testimonials in a common form to young medical men he observed that the men in position in the profession did a grievous wrong. The country should not be flooded with unscrupulous testimonials. It was impossible as long as the purchase system prevailed to prevent higgling and bargaining for the situations obtainable under that system.

MR. RANDAL McDONNELL, Q.C. said that he rose to make a few observations, as he had been struck by the way in which some arguments used by supporters of the purchase system conflicted with and, as it were, neutralised others. One of their arguments as put by Mr. Shaw, had struck him as having some force—namely, that purchase produced early retirements, and in consequence, a constant influx of young talent and energy to supply the vacancies thus caused; but Sir D. Corrigan had struck this argument down, in the convincing portion of his speech where he declared that the loss by early retirement of men who had reached the full maturity of their experience, would be a grave misfortune alike to the pupil and the patient. Again: one gentleman had just urged that it was a position good for a young man of talent but no means to have, to prove his capacity by gaining public confidence, and, having accumulated the price, to buy his hospital; but to this Sir D. Corrigan had supplied a complete answer, when he said that hospital practice was a thing which if not enjoyed at the commencement of a young man's career, was never learned at all. But the grand argument on the subject was one which Sir D. Corrigan had not touched—namely, that this purchase system laid a prohibitory duty upon talent. This was no question of medical knowledge, but of political economy and common sense. If half the young medical men of Dublin—and with Mr. Shaw he believed there were more—were absolutely disqualified because they had not the necessary £500 or £1,000, then it was plain that the cause of this exclusion, namely, the system of purchase, deprived the poor and the student alike of the aid of the more gifted minds in the half thus disqualified. At this moment a most

able man, known to many there, was being banished from Dublin by this system, and the same fate might have befallen any of the eminent men in that room, confining their splendid talents for life to some country parish or distant village. The system of purchase in the army had also been called in aid, and been spoken of as having met with public approval; but it was not true that the public approved—they barely tolerated it. Now in reality this argument was effective the other way, for in that portion of the army where talent, science, and skill, were wanted—in the artillery and engineers—the purchase system was not allowed. If, then, public opinion refused to sanction the purchase system with regard to a profession whose end was to make away with life and inflict pain, would it endure it in that profession—the noblest of all professions—whose office was to save and not to destroy human life, and to assuage and not increase human suffering.

MR. MORGAN said that Dr. Mapother practically said that Mercer's Hospital was sold to the highest bidder. Such was not the fact. It was not sold at all, but the man who came in made a deposit which secured for the old and infirm outgoing officer a sum of money. The members of the staff had got a small portion of the money paid by the incoming officer, but for the future this would go to the charity. At the last surgical election the vote of the outgoing officer was not required to make up two-thirds.

MR. O'GRADY said he paid £1,000 himself for his surgeoncy in the Mercer's Hospital, and Mr. Morgan and others paid £1,200 for theirs. Part of this was given to the electors, and part went into the pocket of the gentleman who was leaving. In another case a gentleman received £1,000 for his individual vote, and that vote forced in a person who would not otherwise have got in. The majority of two-thirds was made up by a man saying that as he could not keep the candidate out he would vote for him. He exposed this system in letters to *The Saunders'* last year, and Dr. Mapother had rather understated than exaggerated in his account of that hospital. He had taught anatomy for six years, and would never have succeeded in gaining an hospital if he could not have afforded £1,000.

MR. MORGAN said he did not wish to bring private quarrels before the public, but he would say that Mr. O'Grady's representations were not the fact.

DR. JAMES LITTLE believed Dr. Mapother was incapable of wilfully misrepresenting anything, but still he should say the paper of Dr. Mapother had put the question before the public, who were not the best judges, in a light that was not the correct one. The question had been represented as being one of money only. Now, in the hospitals in Dublin certain sums had accumulated, as in the case of rectorial livings, and those who were anxious to secure the office should pay down that sum. No technical examination, no test of qualification in that way could be regarded as the best mode of electing one of the hospital staff. The ordinary testimonials would be of little use, and even certificates of private worth were not in all instances reliable. The best selection was of the man who was long known to the profession, and whose professional attainments and private virtues were beyond all dispute.

DR. B. F. M'DOWELL suggested a further adjournment of the debate.

The Chairman said he believed the feeling of the meeting was opposed to another adjournment.

DR. M'DOWELL regretted that there should be any differences between his colleagues who had spoken. He maintained that the election at Mercer's Hospital was carried out with a view to get the best man. He had himself got his office by the purchase system, and he believed the hospital was inferior in efficiency to no other hospital in Dublin.

DR. MAPOTHER said in reply that he regretted much Dr. Wharton had not been permitted to read his comments on the statements in his paper, but he would feel called on to meet them elsewhere. His paper had necessarily been a personal one, and any personal reply he did not fear. He would have had sincere pleasure in retracting any of the charges he had made, but no refutation whatever had been attempted. An innocent gentleman, not connected with the Meath hospital, had called his charges "wholly unfounded and unwarrantable;" but one specific refutation would be more convincing than any amount of hard words. He endorsed the statement of Mr. Ross that the system of giving testimonials was improper, and that a man's place at an examination was the best criterion he could produce, for in many licensing bodies, the Royal College of Surgeons for instance, they were now practical and efficient. It was the fashion to decry examinations, but after experience of many hundreds of students he felt sure that the men who best acquitted themselves at such searching and practical trials were reliable men for hospital offices, and certainly offered better evidence of capability than those who depended on family interest or the free use of their cheque books. He then described the Paris *concours* and the system of appointment to regularly progressive offices as in London. He praised highly the staffs of the London hospitals, and said that boastful assertions that ours were superior to them, could only do harm by repressing the energies of our rising men. As he knew Sir Dominic Corrigan would be glad to be corrected, he reminded him that it was the London poorhouses, not the London hospitals, which were so publicly condemned three years ago. In reply to the assertion that it was necessary, in order to become a great teacher, to gain an hospital early in life—he instanced Mayne, Hudson, R. W. Smith, Carmichael, Butcher, Colles, O'Ferrall, and others who did not gain hospital physiciancies or surgeoncies till many years after they had laboriously practised their profession. He would repeat the plan proposed for election to those hospitals which receive government grants—1st. there shall be two assistant physicians and two assistant surgeons to be elected (not examined as Sir D. Corrigan misconceived) by the committee of each hospital and the government board, a full analysis of the claims of all candidates being submitted to every elector by the medical board of the hospital in which the vacancy existed. These assistant offices to be held for seven years only. 2nd. The physicians and surgeons shall be chosen only from those who have been assistants in any of the

hospitals. As there can be no better jury than one composed of one's peers, it might be well to have the surgeons chosen by vote of the Fellows of the College resident in Dublin, and the physicians in a similar way. Drs. Kennedy, O'Leary, and Jacob though he had not given due credit to those doctors who had founded hospitals, but he had tried to contrast the generosity of those who unconditionally gave up to the poor, Jervis-street, the Lock, Rotundo, Steevens' and Dun's, with the worldliness of those who bargained for the valuable privilege of electing successors. A company of doctors may set up an hospital in the same spirit as a company may set up a hotel or any other speculation, but if so they should depend on direct profits, and cannot fairly appeal to private or public charity if they stand on their right of proprietorship. Such an assumption is the thing above all others likely to lead to a withdrawal of hospital grants. He had been told he was a disappointed candidate for the Meath hospital, which meant that he was not related to any of the medical electors, and would not sanction unscrupulous expenditure, and a score of Dublin surgeons of the highest eminence were also unsuccessful. It was also said he should have brought the matter forward at some medical society, but there was none to receive it. In his "Car-michael Essay" and elsewhere he had written against the purchase system, but without effect. He had therefore determined to bring the system under the attention of the public and the legislature. His profession was not a community of selfish speculators, but was the most noble and disinterested of human callings, and if his humble efforts had done something towards improving the mode of selecting hospital officers, and giving hope to able and self-reliant young men—no matter how needy—public good should ensue.

The CHAIRMAN in closing the proceedings, thanked the meeting for the great attention they had paid to the discussion of what was a subject of the highest public interest.

APPENDIX.

The following letters appeared in the Dublin papers of July 5th, 1869 :—

" 125 Stephen's-green, nine a.m.,
July 3rd, 1869.

"Dear Mr. Wharton,

"Four issues of the morning papers having appeared without your reply to my charges against the Meath Hospital elections, I write to urge its publication. My appeals at the meeting to have it read, and my request that you would publish it when I called on you next day, may be enough to prove that I do not desire its suppression, but lest anyone might suspect that it contained unanswerable personal charges, I beg of you to publish it in Monday's papers, or in the corrected report which Messrs Fannin will issue on the

6th. If you do not, I will publish a copy of this letter on Tuesday. With the highest respect and warmest esteem, which this transaction has in no way lessened, believe me to remain,

Yours faithfully,

"E. D. MAPOTHER.

"To J. H. Wharton, Esq., F.R.C.S.,
Secretary of the Medical Board, Meath Hospital
and County Dublin Infirmary."

"27, Upper Merrion-street, four p.m.
July 3rd, 1869.

"Dear Dr. Mapother,

"I hasten to acknowledge your communication of this morning. I do not propose to publish my paper either in 'Monday's papers or in the corrected report which Messrs. Fannin will issue on the 6th.' As this determination will necessarily involve the publication of your letter now before me, I must ask you to publish this my reply.

Yours very faithfully,

"J. H. WHARTON.

"To Dr. Mapother."

